

Form 4

Application for Continuing Education Site Approval			
Name of Agency:			
Address:			
Contact Person:			
Telephone	Fax	E-Mail	
Person(s) providing oversight for CEU trainings.	Title	CDVP/CPAIP#	Expiration Date:
Checklist of Items to include in application for CDVP & CPAIP CEU sites			
	1. Application form completely filled out and signed.		
	2. Job Descriptions of person(s) overseeing CEU workshops/conferences		
	3. ICDVP CEU site only --Copy of 501(c)(3) letter		
	4. CPAIP CEU site only --Copy of most recent IDHS protocol compliance renewal letter and copy of the original IDHS protocol approval letter indicating compliance for at least the last five years.		
	5. At least one example of proposed CEU workshop including time frames.		
	6. Copy of CEU workshop/training/conference attendance monitoring document.		
	7. Copy of evaluation form (See form 13 for an evaluation form sample.)		
	8. Sample of completion certificate/letter. (See section VIII for what should be on this document.)		
	9. ICDVP CEU site only —Brief statement of how you incorporate victim empowerment and social activism/social change in your workshops/conferences.		
	10. One page description of agency's programs and services.		
	11. Copy of agency's mission statement.		
	12. Check or money order for \$200.00 made payable to ICDVP, Inc.		
Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525. Any questions can be mailed or e-mail to ilcdvp@ilcdvp.org			

Form 4 continued

1. **ICDVP CEU site only**—I certify that _____ has been providing such domestic violence services (as defined in the ICDVP CEU site policy) for at least 5 years and is a not-for-profit, private domestic violence agency. A copy of 501(c)(3) form must be submitted with application
Agency Name

2. **ICDVP CEU site only**—How long have each of the CEU staff(s) (named above) worked in the field of domestic violence:(give first name followed by length of time/use back of this page if needed)

3. **ICDVP CEU site only**—Does your agency charge a fee to victims of domestic violence?
Yes or No

If yes, please explain:

4. **CPAIP CEU site only**—I certify that _____ has been an Illinois Department of Human Services Protocol approved provider of partner abuse intervention services for at least five years and that the agency is currently in compliance with the requirements of IDHS.
Agency Name

5. **CPAIP CEU site only**—Is your agency an Illinois Certified Domestic Violence Professional approved CEU training site? Yes or No.

If Yes, an application form must be submitted for approval but no application fee is required.

6. Do you provide training in any language other than English: If so, which language(s):

7. Is your domestic violence or PAIP program a member of a network or coalition?
Yes or No

If yes which one(s):

For how many years:

8. Are you willing to provide CEU workshops to (check all that apply).

Internal applicants (Your own agency's staff / volunteers).

External applicants

Form 4 continued

9. I certify that my agency provides documentation to individuals that complete the training and will maintain and store documentation of all training participants for at least 5 years.

10. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.

Print Name of Person Completing Form:

Print Name of Executive Director or Domestic Violence Program Director:

Signature:

Signature:

Title:

Date:

Date: